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a below named inventor, I hereby declare that:

Mrgsidence post office address and citizenship are as stated below next to my name; that

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OFFICE OF PETITIONS

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: METHODS AND SYSTEMS FOR INTERFACING WIRED/WIRELESS HYBRID SYSTEMS

described and claimed in the specification:

Check one

attached hereto. *a.

illed on August 16, 2001 as Application No. 09/930,288 and amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) and/or United States provisional application(s) filed by me or my legal representatives or assigns within one year prior to this application are hereby claimed:

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

> James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024; Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411; Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771; Mario A. Costantino, Reg. No. 33,565; Stephen J. Roe, Reg. No. 34,463; Joel S. Armstrong, Reg. No. 36,430; Christopher W. Brown, Reg. No. 38,025; and Richard E. Rice, Reg. No. 31,560.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

or	Thomas		GRIFFITH Family Name
	Given Name	Middle Initial	
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	U.S.A. Post Office Add (Insert complete mailing address, including country	Month Fairfax City U.S.A. Post Office Address: (Insert complete mailing address, including country)	Month Day Fairfax Virginia City State or Province U.S.A. Post Office Address: (Insert complete mailing address, including country) c/o AVTEC SYSTEMS, INC., 10530 Rosehaven Street, Suite

If Box (a.) is checked, this form may be executed only when attached to the specification (including claims).

^{**}Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

		Stafan		VANDAFFICHEM
oj Secona Joini Inven	nor (ij any)	Given Name	Middle Initial	VAN RAFELGHEM Family Name
**Inventor's Signature				
**Date of Signature:				
	-	Month	Day	Year
Residence:		le	Virginia	U.S.A.
Citizenship:	U.S.A.		State or Province	Country
	Post Office Address: (Insert complete			
	mailing address, including country)			
Typewritten Full Name of Third Joint Inventor (if any)		Stephen		RUSSELL
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oj Fourin Joint Inven	tor (if any)	Ronald		HIRSCH
**Inventor's Signature:	<u></u>	11 11 12	71	Family Name
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of Fifth Joint Inventor	r (if any)			
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	**Inventor's Signature **Date of Signature: Residence: Citizenship: Typewritten Full Namof Third Joint Inventor **Date of Signature: Residence: Citizenship: Typewritten Full Namof Fourth Joint Inventor **Inventor's Signature **Date of Signature: Residence: Citizenship: Residence: Citizenship: Residence: Citizenship: Residence: Citizenship: Typewritten Full Namof Fifth Joint Inventor **Date of Signature: Residence: Citizenship: Post Office	**Inventor's Signature: **Date of Signature: Residence: Centrevil City Citizenship: U.S.A. Post Office Address: (Insert complete mailing address, including country) **Inventor's Signature: **Date of Signature: **Date of Signature: **Date of Signature: **Date of Signature: Insert complete mailing address, including country) **Inventor's Signature: **Date of Signature: Residence: Fairfax City Citizenship: U.S.A. Post Office Address: (Insert complete mailing address, including country) **Inventor's Signature: **Date of Signature:	**Inventor's Signature: **Date of Signature: **Date of Signature: **Date of Signature: **Date of Signature:	**Inventor's Signature: **Date of Signature: **Date of Signature: Residence: Date of Signature: Centreville Virginia

Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.